CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to: DCCA - P&VLD

Real Estate Commission 335 Merchant Street, Room 333 Honolulu, HI 96813

| Name of Condominium Association: _ | MAUI ELDO | DRADO | Reg. | 182 |
|---|-----------------------------------|--------------------------|---------------------------------------|-------------------------|
| The information provided on this form previously provided to the Real Estate | is current as of Commission (" | 5-1-201 Commission"). | o and re | eplaces the information |
| Please indicate the change being repo | rted: | | | |
| [V Names and positions of the officers Michael West | of the associat | | y and Treasurer r | equired): |
| RAJoh R. REE | 0 - TR | ensuren | | |
| Charles G. Ko | CH - I | DIRECTOR | | |
| George W. | Sanbo | orn-Vice | Presio | lent |
| Eugene Kinsey | - Sec1 | e-tary | | |
| [V] Designated officer of the association | who can be co | entacted directly: | <u>ت</u> سور | _ <u> </u> |
| Name: Michael (| NesT | Title: | Siclest | 10 A |
| Officer's Public Mailing Address: | Michael | Weste Co. | K.AEC | RE S |
| [Management status: (Check ONE onl | y and fill in corre | sponding information) | 무효율 | PY/I |
| [] Self-managed by the Association | on of Apartment | Owners (AOAO) | A A A A A A A A A A A A A A A A A A A | P. BR |
| Name of manager: | | | | <u>ü</u> ≥ |
| Title: | | Telephone No.: _ | <u>.</u> | 3 |
| Managed by Condominium Mai | naging Agent | | | |
| Name: ASSET | PROPERT | Y MENT, IN | CMA Reg. No. | .: |
| Contact Person: Low | | • | | |
| Address: <u>369 Hu</u> | KULi'i PL | KIHET HI | _ Telephone No. | :808 879 0080 |
| [Y Contact designation (individual) to red the Commission: (if different from abo | ceive all AOAO | | _ | |
| Name: WNN | MENET | <u> </u> | _Title: Vt | APMI |
| Mailing Address: 369 / | | | _ Telephone No.: | 8088790080 |
| I certify that I am authorized to sign this provided is true and correct. Signature of association office. | form on behalf | of this condominium | association, and | d that the information |
| Signature of association offi | icer, developer o | r 100% sole owner of co | ondominium proje | ect |
| Michael West | | 4-29-20 | 0/0 | |
| Print Name | | | Date | |
| Check one only: [All President [] Vice-President [] Secretary | y []Treasurer | | | |

Developer or Developer's Agent registering for unorganized association 100% Sole Owner of Condominium Project